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(R	Requestor's Name)
(A	Address)
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(0	City/State/Zip/Phone #)
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(B	Business Entity Name)
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SECRETARY DESCRIPTION OF SECRETARY DESCRIPTION

COVER LETTER

TO: Registration Section Division of Corporations	
<u>-</u>	Enterprises LLC ed Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing M	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Sohn T Pick (Name of Person)	éNS
,	
(Firm/Company)	and the second s
1024 OSOWAW Blud	
(Address)	
Spring 1/1/F2 (City/State and Zip Code)	34607
For further information concerning this matter, ple	ase call:
John Tockens (Name of Person)	at (352) 666 1992
(Name of Person)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	_
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, John T Pickens hereby resign as Manger
of IRITAN ENTERPRISES LLC (Limited Liability Company)
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.
Carl S F
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314